

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 SEP 12 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P06000141296**

1. Corporation Name
Holiday Beach Rentals INC

2. Principal Office Address - No P.O. Box #
436 Jefferson Av.
Suite, Apt. #, etc.

3. Mailing Office Address
436 Jefferson Av.
Suite, Apt. #, etc.

City & State
Cape Canaveral FL

Zip Country
32920 Brevard

4. Date Incorporated or Qualified To Do Business in Florida
11/8/06

5. FEI Number
611512638

6. CERTIFICATE OF STATUS DESIRED
yes

Applied For
Not Applicable

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Enrique Michael Penate

Street Address (P.O. Box Number is Not Acceptable)
436 Jefferson Av

Suite, Apt. #, Etc.

City State Zip Code
Cape Canaveral FL 32920

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent **[Signature]** Date **9/9/14**
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Enrique "Mike" Penate	436 Jefferson Av.	Cape Canaveral FL 32920

10. E-mail Address: **MikePenate@Hotmail.com**
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: **[Signature]** **Enrique Michael Penate** **9/9/14** **321.576.2217**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #